

PRIMARY SURVEY



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EVALUATING SUSPECTED ACUTE CORONARY SYNDROME

Suspected acute coronary syndrome (ACS) is the commonest life-threatening problem facing most emergency physicians, and the range of tools to assist assessment is constantly changing. Ekelund and Forberg review new methods for evaluating suspected ACS and conclude that no single method is perfect but that the best strategy probably involves a combination of methods. The National Institute for Health and Clinical Excellence (NICE) is due to wade into this area soon. Good luck!

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UNNECESSARY EXAMINATIONS

Have you ever wondered how it can take some doctors 20 minutes to examine a sprained ankle? Perhaps they are being thorough and performing a core physical examination? If so, a paper in this month's journal suggests that they shouldn't bother. Rodriguez and Phelps looked at 297 patients with minor peripheral chief complaints who received a total of 591 cardiac, lung and abdominal examinations. Only eight were abnormal, one led to an additional investigation (an ECG) and none led to a change in management or follow-up.

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QUALITATIVE RESEARCH IN EMERGENCY CARE

Qualitative research has an important role in emergency medicine, investigating

questions that cannot be answered by counting and measuring. *The Emergency Medicine Journal* has been receiving and publishing more qualitative research in recent years. But how do readers (and editors and reviewers for that matter) know what constitutes "good" qualitative research? Cooper and Endacott discuss the theoretical basis for qualitative studies in emergency care and provide useful guidance for readers and researchers interested in these methods.

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MAGNESIUM SULPHATE IN ACUTE ASTHMA

When and how should we use magnesium sulphate in acute asthma? We may think we know, but what does the evidence tell us? A systematic review and meta-analysis in this issue concludes that intravenous magnesium sulphate improves respiratory function and reduces hospital admissions among children, but the picture in adults is less clear. Nebulised and intravenous magnesium sulphate have a similar uncertain effect on respiratory function and hospital admission in adults, so it is possible that either (or both) may have anything from no effect to a worthwhile impact on both outcomes. The stage is set for a large randomised trial.

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WHO IS ELIGIBLE FOR PREHOSPITAL THROMBOLYSIS?

Prehospital thrombolysis is an effective treatment for ST-elevation myocardial infarction but many patients are not eligible for it because they do not meet criteria drawn up by the Joint Royal Colleges Ambulance Liaison Committee in 2004. These criteria were liberalised in 2006 by relaxing the age, blood pressure and pulse rate criteria. As a result, Castle *et al* demonstrate that an additional one patient in ten is now eligible under the 2006 guidance who would not have been eligible under the 2004 guidance. All well and good, but should they all be rushing to a primary angioplasty centre now?

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SMILE YOU'RE ON TV!

Ethical issues present substantial barriers to much-needed research in prehospital care but often appear to be neglected when a TV film crew are looking for some exciting footage to fill their schedules. Godfrey and Henning provide some welcome consideration of the ethical issues involved in filming patients receiving prehospital care. What do you think? Do the TV cameras provide the public with some valuable insights into the work of the emergency services? Or are we colluding with the TV industry to provide cheap entertainment for a bunch of slack-jawed couch potatoes at the expense of vulnerable people?

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